1. PLACE OF DEATH.	U9816
County Manyles	Registration Dist. No. 108
Village or City Zalland Vellen	No. St. Ward
(18	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Selle fand little	ams
(a) Residence: No.	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	1 DATE OF DEATH 5 - 193 2
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. JHEBEBY CERTIFY, That battendad deceased from
	Sept 3 , 1932, to Alf 5-, 1938
6. DATE OF BIRTH (month, day, and year) and 3/-/932	I last saw h & alive on Alf 5, 193 & death is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date states above, atm.
0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Broncho Julimenua
SAWYER, BOOKKEEPER, etc	ill three days a Centy of
work was dona, as SILK MILL,	
U 10. Date deceased last worked at 11 Total time (years)	
this occupation (month and spent in this year) occupation	
12. BIRTHPLACE (city or town) Sallany Firely Me	Other Contributory Causes of Importance:
(State or country)	
13. NAME HERMAN & CISAMIS	
13. NAME HUMAN & CARAMS 14. BIRTHPLACE (city or town) Jackand Fully	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME ANTEL OLIVE Bushles	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Vadie Gruye Jacoble 16. BIRTHPLACE (city or town) Michael Charles	Accident, suicide, or homicide? Data of injury 19
(State or country) Al mun CI	Where did injury occur?
17. INFORMANT Armen & allams	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) unlike Just	
18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
Place At Velers Date 7/6/37, 19	Natura of injury
19. UNDERTAKER UV Grunes	24. Was disease or Injury in any way related to occupation of deceased?
(Address) aquaseo, Md.	If so, specify
20, FILED 9/6/37/19 Can The bleles	(Signed) It Ill duw M.D.
Registrar.	(Address) Africa Co. Mad
If more blanks are needed, address State Registrar,	24xx N. Charles Street, Baltimore, Legaesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.	Read of Control of Control			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

SIAIL 1. PLACE OF DEATH	OF MARYLAND—	CERTIFICATE OF DEAT	H 09817
County Charles		Registration Di	st. No. 100
Village or City 13-el L		NoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNo	St., Ward
2. FULL NAME Journe (a) Residence: No.	e death occurred yrs mos S Jozefah But (Usyal place of abode)	St., Ward.	yrsdsdsdsdsdsdsdsdsdsdsdsdsdsds
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE	
male 4. color or RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word)	21. DATE OF DEATH Seft	/3 ⁻ ,193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY.	Thet I attended daceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months	Days If LESS than 1 day,	I last saw h aliva on to have occurred on the data stated above, at The PRINCIPAL CAUSE OF DEATH and related causes	, 19; death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	2 1 day,hrs. ormin.	Wera as follows: Low Vitality at Bir	Date of onset
12. BIRTHPLACE (city or town) Bell (State or country)	allon Chas. Co Tu	Other Contributory Causes of importance:	
13. NAME & celeard for the state of the stat	tuongo Co hed	Name of operetion	
15. MAIDEN NAME May Cory 16. BIRTHPLACE (city or town) 17. INFORMANT Dichard (Address)	Houses Tud	23. If death was due to external causes (VIDLENCE) fill in Accident, suicide, or homicide?	n also the following: te of injury
18. BURIAL, CREMATION, OR REMOVAL Place Thomas Com	tempore Sept 16, 1932	Menner of Injury	
19. UNDERTAKER Richard (Address) Bell	Butter Och	24. Was disease or injury In any way related to occupation of the second	
20. FILED Sept 16, 1932 /	MS Hay don DE Registrar. re blanks are needed, address State Registrar.	(Signed) (Address) (Addres	allon und

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Other contributory causes of importance:		Other contributory causes of importance:		
ullstones	May 1,1923	Gastroenteritis	1 year	

100

(Yeer)

Data of onset

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
		CENTED CENTED	344	
	- 1		and the same of	
Other contributory causes of importance:		Other contributory causes of importance:		
llstones	May 1,1923	Gastroenteritis	1 year	

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	STATE OF MARYLAND—	CERTIFICATE OF DEATH (19819)
infor- state UPA-	1. PLACE OF DEATH	(158)
6 / 27 /	County Clearles.	Registration Dist. No. 101
/ A R E	Village or City Pisyah.	No. St., War
S. S.		f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth?yrsmosds.
CORD. Every PHYSICIANS ict statement	2. FULL NAME This less Dans	
	(a) Residence: No.	St., Ward.
part r	(a) Nestation (a) No.	If nonresident give city or town and State
RECO . PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
YT R	Semale Glock 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
NDI RMANEA X A C T I	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet i attended deceased from
	6. DATE OF BERTH (month, day, and year) Sep. 2832	i last saw h alive on , 19 , to , 19 ; deeth is sai
FOR B. IS A PE stated E properly certificate	7. AGE Years Months Deys If LESS than I day hrs.	to have occurred on the date stated above, at
FOR IS A stated proper	or_ 10 min.	were as follows: Date of onse
- 70	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	of or the state of
RVF KTI lould may back	9. Industry or business in which work was done, as SILK MILL,	
RESERVED G INK—THIS GG should be that it may be ons on back of	SAW MILL, BANK, etc	
RES (G II) AGE that ons o	this occupation (month and spent in this occupation	
2 4 .2	12. BIRTHPLACE (city or town) Jusyale, Ind	Other Coutributory Causes of Importance:
MARGIN UNFADI: supplied. n terms, so	(State or country)	-
	13. NAME Harry Torrey. 14. BIRTHPLACE (city or town). Pragall Mid.	
4 100	14. BIRTHPLACE (city or town)	Name of operation
E E E		What test confirmed diagnosis?
	15. MAIDEN NAME Gessie Gurner 16. BIRTHPLACE (city or town) Jusque 2nd.	Accident, suicide, or homicide?
ALLY ATTI	(State or country)	Where did injury occur?
	17. INFORMANT Comma Hawking	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Should OF D	(Address) Besque And	
E S E S	18. BURIAL, CREMATION OR REMOVAL PHOTOS SURVEY STATES AND PROCESSION OF THE PROPERTY OF THE PR	Manner of injury
-WRITE mation scause TION is	M. O. Halidi	Natura of injury
C. I	(Address) Pracel Md.	If so, specify . OW Orisystem 1
S. N.	20, FILED Sept. 28 1932 January Sure the Sinks	(Signed) Gig. C. Bickfull M.
P. K.	20. FILED Slepti, W., 1932 Young Sout Whitened	(Address) Marley mof
	If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V/S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Corebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAN	D-CERTIFICATE	OF DEATH
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0	6		.)	1	
U	V	0	6 40	1	

1. PLACE OF DEATH	(25)	
County Charles	Registration Dist. No.	D
Village or City La Plata	NDSt.,St.,St.	Ward
Length of residence in city or town where death occurredyrsm		
2. FULL NAME Julia Casalia albritto	in garner.	
(a) Residence: No. La Plata	St., Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Female 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Sephender 4 m	, 193 1
5a. If married, widowed, or divorced HUSBAND of Charles Benerly games.	22. I HEREBY CERTIFY. That I attended and 27 1932 to leak 4	deceased from
6. DATE OF BIRTH (month, day, and year) Jaw. 17 mg 1856.	I last saw h. ex alive on Sept 4 , 1932	,
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1:450.m.	
76 7 + 1 dey,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc.	Mousaline Colitis	ang 2
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and		0
10. Date deceased last worked at this occupation (month and year)	provably Subassulas.	
12. BIRTHPLACE (city or town) Charles County. (State or country)	Dther Contributory Causes of importance:	. * * * * * * * * * * * * * * * * * * *
13. NAME John Warren albrithains 14. BIRTHPLACE (city or town). Charles . Co.		
14. BIRTHPLACE (city or town) Charles . Co.	Name of operation Date of	
(State of Country)	What test confirmed diagnosis? Was there an a	700
15. MAIDEN NAME Edith Carlin Masau. 16. BIRTHPLACE (city or town) Charles Co. 1	23. If death was due to external causes (VIOL ENCE) fill in also the following	
16. BIRTHPLACE (city or town) Charles Co 1	Accident, suicide, or homicide? Date of Injury	
∑ (Slate or country)	Where did injury occur?	
17. INFORMANT Julia B. Mahner - (Address) La Plate mg	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	e) ACE.
18. BURIAL, CREMATION OR REMOVAL Place M. Rest Complete Sept 6 1937	Manner of Injury	
19. UNDERTAKER Henry a. Renny (Address) & a C. Dulys may	24. Was disease or injury in any way related to occupation of deceased?	70-
20. FILED Selpt 5, 1932 Sulliein Wood	(Signed) James & Nolan (Address) Ja Plale	M.D.
If more blanks are needed, address State Registra	, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.	

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Evample II

Example 1		Example 11	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Class W	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	STAT	E OF M	ARY	LAND-	CERTIFICATE OF DEATH U98	20
1. PLACE	OF DEATH				(8b)	
County_	Ch	will	2		Registration Dist. No. 1 V	4
Village o	or CityBu	wound	is.	farin	No	Wai
Length of	residence In city or town	where death occurre	ed		death occurred in a horpital or institution, give its NAME instead of street and no death of the	
2. FULL	NAME 7	and	2	R. d/		*********
	dence: No.	+11	1		St. Ward	
			i place of		If nonresident give city or town and S	itate
	ONAL AND STA		ARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RA			IED, WIDOWED, (write the word)	21. DATE OF DEATH 9	
m	1 / 3				(Month) (Dey)	(Yeer)
HUSBAND ((or) WIFE of					22. I HEREBY CERTIFY, Thet I attended d	eceesed fro
& DATE OF DID	T0 /	9 -	17	- C7 2	Llost south	
7. AGE	TR (month, day, end year Yeers Mon		vs .	If LESS than	I last saw h elive on	deeth is se
	0			1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, p	rofession, or perticuter			01	were es follows:	Date of onse
SAW SAW	of work done, es SPINN YER, BOOKKEEPER, etc	ER,			(mestern	
work work	or business in which was done, es SILK MILL	,				
	MILL, BANK, etc	111.	Total tim	le (yeers)		
this o	occupation (month and		spent	in this etion		
12. BIRTHPLACE	(city or town)	m			Other Coutributory Causes of Importence:	
(State or					Down to Do Day To Day	
13. NAME	Frank	Homes	el	and a		
13. NAME	ACE (city or town)	1		1	Neme of operation Date of	
(State	e or country)	and		0	What test confirmed diegnosis?	topsy?
15. MAIDEN 16. BIRTHPL	NAME Luc	u step	Las	ne.	23. If deeth was due to external ceuses (VIOL ENCE) fill In also the following:	
16. BIRTHPL	ACE (city or town)	1 14	14		Accident, suicide, or homicide? Date of Injury	, 19
≥ (State	e or country)	1 11			Where did injury occur?	
17. INFORMANT _ (Address)	French 1	K. Hass	alue de	lung	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
	MATION, OR REMOVAL	-1		1	Menner of injury	*****
Place S.7	nkola Lines	Lating Date	9 -	24,193.2	Nature of Injury	
19. UNDERTAKER (Address)		KHym	u	ly	24. Wes disease or injury In eny way related to occupation of deceased?	
1	1 5 2	10.0	-0	1 6	(Signed)	. M
ZU. FILED.		1.4.67	1-1-7	Registrar.	(Address)	
	I,	f more blanks are ne	eded, add	tress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH
1/ 0 '01.	Registration Dist. No. 108
Village or City Hughers (No. 2FULL NAME Sufaces See	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH Sept 4, 1937 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1937. to Sept. 4, 1937, that I last saw here alive and Sept. 4, 1937,
7 AGE Still bron I day hrs. yrs. hos. ds. or min.	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Durstion) yrs. mos. ds. Contributory Lakenard Cause Secondary (Durstion) yrs. mos. ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) The following M. D. 9 4 3 192 (Address) From Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted,
(Informant)	if not at place of death?
(Address) Dug hearle, Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS A
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. (a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-" etc., For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy (b) Automobile factory. The material (a) the kind of work and also (b) the 6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death chanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

should state

1. PLACE OF		OF MAR	YLAND—	CERTIFICATE OF DEATH	59823
County	Change	200		Decision Diet	171
Village or C	ity Dead		•	Registration Dist. No.	7
	,	deliverity		death occurred in a hospital or institution, give its NAME instead of street a	nd number)
Length of resi	dence in city or town whera	death occurred	yrs,mos	ds. How long in U.S. if of foreign birth?yrs	_mosds.
2. FULL NA	ME S	le pt	Don	Hill	
(a) Residen	ce: No.	wos	un	St., Ward.	
PERSON	AL AND STATIST	(Usual place		If nonresident give city or town MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	1	RRIED, WIDOWED,	21. DATE OF DEATH	1
· Por	13	OR DIVORCE	D (write the word)	9 -8-	
5a. If married, widow	red, or divorcad	1		(Month) (Day)	(Year)
HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attend	led deceased from
		2	~ 32	, 19, to	,
6. DATE OF BIRTH (month, day, and year)	-8		i last saw h alive on, 19	; death is said
7. AGE 168	rs Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
8 Trada profes	ssion, or particular		ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
NOTE A STANK AND A	vork dona, as SPINNER, BOOKKEEPER, etc			11-	
Industry or	businass in which				
SAW MIL	dona, as SILK MILL, L, BANK, etc				
Tills occup	pation (month and	Sp6	time (years) entin this		
year)	1. /	7	upation	Other Coutributory Causes of Importance:	
12. BIRTHPLACE (cit					
1	112 11	000			
Ξ	July 1	0			
14. BIRTHPLACE (State or		di		Nama of operation	
	10	* have	. d. 11	What test confirmed diagnosis? Was there	
X .	1.	Die	ann a	23. If death was due to external causes (VIOLENCE) fill in also the follow	- 77
2 16. BIRTHPLACE (State or		Latter Land		Accident, suicide, or homicide? Data of Injury Whara did injury occur?	, 19
17. INFORMANT	4 The	11.12	/	(Specify city or town, county and Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC	State)
(Address)	Win	9		, water many control in the control in nome, of in rubble	reace.
18. BURIAL, CREMATI	IDN OR REMOVAL	0		Manner of Injury	
Place Pur	i my	Date	7932	Nature of Injury	
19. UNDERTAKER	assime	4/2	0	24. Was disaase or injury in any way related to occupation of deceased?.	
(Addrass)	now	france	1	If so, specify A. L. Hegelow	C
20. FILED 4	7-19.22	P25 K#	udy	(Signed)	M. D.
V		-	Registrar.	(Address)	

Statement of occupation.—Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis Run over by street ear 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1928 Gostroenteritis 1 year

mi

4 8140	STATE O	FMAR	YLAND-	CERTIFICATE OF DEATH	098:34
1. PLACE OF	DEATH			(159)	(M)
County	Charle	R		Registration Dist. No/_	0-0
Village or C	ity hewlow	5	2 % , 81	No. St., death occurred in a hospital or institution, give its NAME instead of street a	War
Langth of resid	danca In city or town where de	ath occurrad	yrs,mos		
2. FULL NAI	WE I	101 -	hane.	es and Katio Dark	
(a) Residence		1950		St., Ward.	
(a) Nosidon	JC. 140.	(Usual place	of abode)	If nonresident give city or town	and State
	AL AND STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	1
3. SEX			RIED, WIDOWED. D (write the word)	21. DATE OF DEATH	
heale	Calurel	0 ,	ant.	(Month) (Day)	(Yeer)
5a. If married, widow HUSBANO of	ed, or divorced	V		22. I HEREBY CERTIFY. That I attend	
(or) WIFE of				22. I HEREBY CERTIFY, Thet lattend	led daceasad from
6. DATE OF BIRTH (month day and year)	uz 2	8-1937	I last saw h aliva on Sept 28 193	death is sei
7. AGE Yaar		Days	If LESS than	to have occurred on the data stated above, at Jizzp.m.	,
			I day, Ahrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance ware as follows:	
8. Trade, profes	sion, or particular		7 013332-111111.	wate as tuliums.	Oate of onse
SAWYER,	ork dona, as SPINNER, BOOKKEEPER, etc			0	
kind of w SAWYER, 9. Industry or t work was SAW MILI	ousiness in which dona, as SILK MILL, L, BANK, atc			Viluaturily	
10. Oata dacaase	d last worked at	11. Total t	ima (yaars)		
o this occup	ation (month and	spe	nt in this upation		
12. BIRTHPLACE (city of town) howtown - near			ear	Othar Contributory Causes of importance:	
(Stata or coun	y of town)	Plat	e ald.		
13. NAME /	norshall	Jack	in	***************************************	
I	(aity artems) Ch	as.e	0 .	Name of approxima	
14. BIRTHPLACE (Stata or				Neme of operation Date o What tast confirmed diagnosis? Was there:	
15. MAIDEN NAM	ME Kake Jo	huco	ee.	23. If daath was due to external causas (VIOLENCE) fill In elso the follow	
15. MAIDEN NAME	(city or town)	Ges. (Po :	Accident, suicide, or homicide? Data of injury	-
E (State or		A 4		Whera did injury occur?	
17. INFORMANT(Addrass)	manda	Jack.	200	(Specify city or town, county and Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATI	ON, OR REMOVAL	Oate Sy	129,1932	Mannar of injury	
19. UNDERTAKER	father ma	reball	acksm	24. Was disease or injury in any way ralated to occupation of dacaased?. If so, specify	
20, FILED S. 4	129, 1932 bil	lian V.	Pools Registrar.	(Signad) Allues E hola (Addrass) La Plula L	M.I
	If more bl	inks are needed.	ddress State Registrar.	2411 N. Charles Street Baltimore Requesting 71 S. No	

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Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year
			T your

V. S. No. 1	No. 1		MARGIN	MARGIN RESERVED FOR BINDING	0.0	TOR BI	NDING	•	5
ż	SWICLE	N. B.—WRITE PLAINLY WITH UNFABING INK—THIS IS A PERMAN AT RECORD.	UNFADI	NG INK-TH	IIS	SAPER	MAN	KECOK	Ġ.
	mation sh	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSI	supplied.	AGE should	be s	tated E	KACTLY	. PHY	SI
(-	CAUSE	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact star	n terms, so	that it may	be p	roperly c	lassified.	Exact s	sta
1	TION:	TION is more impositored Con instantations on Local of south Boats	the same to the same	The same of the same	20 30	weigh onto			

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH	

09825

1. PLACE OF DEATH		152-0	
County Ch	erles.	Registration Dist. No.	00
		ND. St., If death occurred in a horpital or institution, give its NAME instead of street a	
Length of residence in city or town where	death occurredyrs,mo	sds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME	Umardine	heatlingly.	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town	and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	4
J. SEX L. COLOR OR RACE Lewale. white	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That t attended to the state of the	ded deceased from
6. DATE OF BIRTH (month, day, and year) %27. AGE Years Months	Days If LESS than	I last saw h. 22: alive on 2: 2: 8	
- 8. Frade, profession, or particular	1 0 l day,hrs.		Date of enset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.		Hydrocapholus-	Presen
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Spina Bifi da	pine
12. BIRTHPLACE (city or town). Luck (State or country)	come hed.	Other Contributory Causes of Importance:	
13. NAME alphonoia 3a	In Matleingly.		
13. NAME Alphonoia 3a 14. BIRTHPLACE (city or town) (State or country)	harles to.	Name of operation Date of What test confirmed diagnosis? Was there	
15. MAIDEN NAME Marguer 16. BIRTHPLACE (city or town)	ite Gilbons horles Co.	23. If death was due to external causes (VIOLENCE) fill in also the folio Accident, suicide, or homicide?	wing:
17. thFORMANT yach mate (Address) weller	welly not	(Specify city or town, county and Specify whether injury occurred in tNDUSTRY, in HDME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Filth John	Date Sept 94, 1937	Manner of injury	
19. UNDERTAKEN . U. Len (Andress) La	Plata no	24. Was disease or Injury in any way related to occupation of deceased?	no
20. FX 6 pt 7 - 193 V	LV. To Bely Registrar.	(Signed) and E Nola	M. D.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

o a lemmanter income, arely nem o	ated EXACTLY. PHYSICIANS shoul	operly classified. Exact statement of OC	rtificate.
CIT	pe s	pe I	of co
DWALLE FLAIMLY, WITH UNFADING IND-THIS IS A LEMMAN SAL MECOND. EVER WELL	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoul	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of 96	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH 09806
1. PLACE OF DEATH	93-0
County Charles	Registration Dist. No. / 00
Village or City Welcome Md	ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME John Thomas m	attingly.
(a) Residence: No. Welcome (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Clark Frankling matter	12. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 20 - 1860 (Hast sawh in elive on leat 9 1932; death is soil
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at /2130Q-m.
82 2 2 1 Iday,hrs. ormin.	wara as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Chronia arteriosalerois.
work was dona, as SILK MILL, SAW MILL, BANK, etc	Chemic myreardete
12. BIRTHPLACE (city or town) Chap. Co. Luce . (State or country)	Dther Contributory Causes of importance:
14. BIRTHPLACE (city or town)	Neme of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME **Country** **Country**	23. If death was due to extarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?
17. INFORMANT M. Leffman (Address) Welcond mg	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Permitter Date Sept 13, 1932	Manner of injury
19. UNDERTAKER Sent 9d 19. UNDERTAKER (Addrass) Neldon 19.	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED Dept 12, 1932 hollers V. Osey Registrary	(Signad) James Enstan M. [(Addiess) La Plula Med.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH		180	- 09837
County - Chr	arles -	Registration Dist. No.	100
Village or City Ca	Plath	No	St., Wa
Length of residence in city or town	where death occurredmo	f death occurred in a hospital or institution, give its NAME instead of the control of the contr	of street and number)
2. FULL NAME MA	rio Roland a	ht	
(a) Residence: No. 721	idland Md. (Usual place of abode)	St., Ward. If nonresident give city of	or town and State
PERSONAL AND STA	TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF D	
3. SEX 4. COLOR OR RA White 5a/If married, widowed, or divorced	OR Dillonoup / 1. II	21. DATE OF DEATH September 4 (Month) (Da)	(Yaar)
HUSBAND of (or) WIFE of	Le Frank C. Ort	22. I HEREBY CERTIFY, That	
6. DATE OF BIRTH (month, day, and year	nov. 11. 1896	I last saw h alive on	
7. AGE Years Mor	oths Days If LESS than 1 day,	to have occurred on the date stated above, at	
3/19	20 - ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of impowere as follows:	Date of on
8. Trade, profession, or particular kind of work done, as SPINN SAWYER, BDDKKEEPER, etc	ER, House wife	accidental drow	
9. In ustry or business in which work was done, as SILK MILL	11	- Carrier Cur	nad.
SAW MILL, BANK, etc	V 4 - D - C	accidentally fell from	
this occupation (month and dyear)	spent in this 124	way /	
12. BIRTHPLACE (city or town) Francisco (State or country)	statung Maryland	Other Cantributery Causes of importance:	
13. NAME D. F. RO	Cand //		
14. BIRTHPLACE (city or town)	P	Name of operation	Data of
(Stete of country)	may ware	What test confirmed diagnosis? Wa	s there an autopsy?
15. MAIDEN NAME Sara	Myslivee	23. If death as due to external causes (VIDLENCE) fill in also to	
16. BIRTHPLACE (city or town) (State or country)	Pennsylvania	Acciden homicide? Date of Inj	ury, 19
17. INFORMANT Journel	C Ost	(Specify city or town, cou Specify city or town, cou Specify city or town, cou	nty and State) PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Piace Mid Land	1- Date Supt 6 1932	Nation Provided in the Control of th	4
19. UNDERTAKER TOMAL (Address)	me of D	24. Wes disease or injury in any way related to occupation of de	ceased? no
20. FILED Sept 3 , 19.32	Lillian Posly	(Signed) Pitt See Feeth act	ing Corones

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic scrvice for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

09828

1. PLACE OF DEATH	(131)
County Cheerles	Registration Dist. No. 100
Village Or City Gorf Tolasce Length of residence in city or town where death occurred Syrs.	No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME (a) Residence: No. (Usual place of abode)	Med St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the war	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Prelian J. Smith	22. I HEREBY CERTIFY. That I attended deceased from days 20.,1932, to 21.,1932
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS the lady, or	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked at this occupation (month and	Ohnsine Bryhto Grund
12. BIRTHPLACE (city or town) Const Manne Yr. Vangaria	Other Cootributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of What test confirmed diagnosit? Was there an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or counity) 17. INFORMANT (Address) (Address)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Dio gah Oate Saft 3 d, 19	Manner of Injury Nature of injury
19. UNOERTAKER JOSEPH TONG (Address)	24. Was disease or injury in any way related to occupation of deceased? 1f so, specify (Signed) M. O.
20. FILEO JOSA 19.22 A Alland D. Registra	

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write honsewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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STATE OF MARYLAND CERTIFICATE OF DEATH 25 Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME It stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS CERTIFICATE 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH ay (Write the word) (Month) (Day) That I attended the deceased 6 DATE OF BIRTH rms so that Instructions at (Day) (Year) (Month) IIILESS than 7 AGE and that death occurred on the date stated above, I day hrs. The CAUSE OF DEATH RESERVED ds. or min.? 8 OCCUPATION e 00 (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) (Duration) D W OG 10 NAME OF (Signed) 00 0 *State the Disease Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sulcidal or Homicidal. USI OF FATHER (State or country) 70 12 MAIDEN NAM 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE In the OF MOTHER (State or country) 0 Where was disease contracted, if not at place of dea.h?.. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE shoul Every Item CIANS sho statement Former or usual residence.... (Informant) CONT PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) ADDRESS 20 UNDERTAKER If more blanks are needed, addre s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Julness of various pursuits can be known. The questired 6 yrs. For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Godk work, or At Home, and children, definite salary, may be entered as Housewife, Houseer," etc., worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-(a) Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer Housemaid, etc. If the occupation has been changed played, us At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the not gainfully em-(6) Grocery;

Strtement of Cause of Death—Name, first, the DISALEANE CAUSING DEATH (the primary affection with respect to time: and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhaid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

answered in detail, it will prevent further correspondence. All the

permanently filed.

gracedent; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e.g., sepeis, Letanus) may be stated under the head of "contributory." American Medical Association.) carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atie), "Atrophy," "Collapse," "Come," "Convulsions," "Debility" ("Congenital," "Sanile," etc.), "Dropsy," ("Ethaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of approved by Committee on Examples: Accidental drowning; Struck by railroay trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Mcasles, (Recommendations on statement of cause of death Chronic interstitud nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-If this certificate is looked over thoroughly and all questions cough; Chronic valvular etc. The contributory Nomenclature heart disease;